

Date: _____

**TOWNSHIP OF WOODBRIDGE
DEPARTMENT OF PLANNING & DEVELOPMENT
RENTAL/DWELLING UNIT OWNER**

Name of Owner _____

Owner Address - Street _____

Town _____ State _____

Owner Telephone # _____

Rental Property Location _____

Tenant Phone Number _____

(Check One) Single Family Rental _____ Apt. #s _____

ALL TIMES SCHEDULED WILL BE A ONE HOUR WINDOW

Failure to register as rental will result in court summons

TENANTS / LIST ALL NAMES

MOVE IN DATE

Owner/Rep. (Signature): _____ hereby certifies that the aforementioned premises have, in their judgement, been maintained in accordance with the laws of the Township of Woodbridge, T.O. #97-19, 1997, and has requested an inspection of the premises. **Inspections will be carried out between the hours of 9:00AM & 2:00PM on regular business days.**

NOTE: It is understood that if the inspection on the above authorization cannot be conducted by any reason attributable to the tenant, private lock, failure to keep appointment, etc., the Township of Woodbridge and _____ will automatically construe same as tenant's representation that he/she is satisfied with the condition of the unit and there are no defects that would detract from the units habitability, and that all smoke detectors are functioning properly. This does not apply to re-inspections. For all makeup inspections, a fee of \$50.00 is due with/without a physical inspection.

OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE

The aforementioned premises have been inspected in accordance with the requirements of the Township.

- Approved for Unconditional Certificate of Habitability
- Approved for Temporary Certificate of Habitability, Until _____

First Inspection Date: _____

Re-Inspection Date _____

Inspectors Signature

Inspectors Signature

Inspection Date _____ Day _____ Time _____ Check # _____

Inspection Date _____ Day _____ Time _____ Amount _____

Inspection Date _____ Day _____ Time _____ Date _____

Inspection Date _____ Day _____ Time _____